## PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE

Complete and send this form, together with applicable fee(s), to: Mail

NOTE VICTOR TO 1			or Fax	(703) 746-4000	ginia 22313-1450	should be considered and	
appropriate. All further cor indicated unless corrected l maintenance fee notification	rm should be used for tran respondence including the local below or directed otherwise as.	smitting the ISSU Patent, advance of in Block 1, by (a	rders and notificantly specifying a new property of the proper	tion of maintenance fees we correspondence address	will be mailed to the currents; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for 590 01/27/2005	any change of address)	OIPE	Note: A certificate of Fee(s) Transmittal, Tl papers. Each addition have its own certificat	f mailing can only be used f his certificate cannot be used al paper, such as an assignm te of mailing or transmission.	for domestic mailings of the for any other accompanying ent or formal drawing, must	
KNOBBE MART 2040 MAIN STRE FOURTEENTH FI 102/24/2005 SSITHB2 000	LOOR		EB 2 3 2005	I hereby certify that the States Postal Service addressed to the Ma transmitted to the USI	ertificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fin il Stop ISSUE FEE address PTO (703) 746-4000, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.	
EC:1501 1400.00 OP		· C	& TRADEMERY C		Ckamoto	(Depositor's name)	
02 FC:1504	FC:3504 300.00 0P FC:8001 9.00 0P				Ramok	(Signature)	
A2 LC:0001			Feb. 17,2005		(Date)		
APPLICATION NO.	FILING DATE	FIRST NAMEI		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/760,127	01/16/2004		Romney R.	<b>Catti</b>	MICRON.219C1	7204	
APPLN. TYPE	SMALL ENTITY	NTITY ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	04/27/2005	
EXAM	IINER	ART UN	IT I	CLASS-SUBCLASS	٦		
NGUYEN, THINH T		2818	<u></u>	257-295000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND			-	•• •			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear T a substitute for	on the patent. If an assign filing an assignment.	nee is identified below, the o	document has been filed for	
(A) NAME OF ASSIGN	EE	<b>(</b> B	B) RESIDENCE: (	CITY and STATE OR CO	UNTRY)		
MICRON TEC	CHNOLOGY, INC		Boise, ID	Boise, ID			
Please check the appropriate	assignee category or categor	ries (will not be pr	rinted on the pater	t): 🗖 Individual 🖄 C	Corporation or other private gr	roup entity Government	
4a. The following fee(s) are	p. Payment of Fee(s):						
Issue Fee Di Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies3			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).				
			Deposit Accoun	Number11-1410	(enclose an èxtra c	copy of this form).	
5. Change in Entity Status  a. Applicant claims Sl	(from status indicated above MALL ENTITY status. See 3		☐ b. Applicant	is no longer claiming SMA	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publica vill not be accepted int and Trademark	tion Fee (if any) of d from anyone oth Office.	or to re-apply any previous her than the applicant; a reg	ly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. the assignee or other party in	
Authorized Signature	K		Date Fe	b.17,2005			
Typed or printed name Michael S. Okamoto				Registration	n No. 47,8	31	
Alexandria, Virginia 22313-	1430.				the public which is to file (an minutes to complete, includi comments on the amount of the Trademark Office, U.S. Depts. SEND TO: Commissioner the displays a valid OMB control.	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, ol number.	



Case Docket No. MICRON.219C1 Date: February 17, 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Katti, et al.

Appl. No.

10/760,127

Filed

January 16, 2004

For

ANTIFERROMAGNETICALLY

STABILIZED PSEUDO SPIN VALVE FOR MEMORY

**APPLICATIONS** 

Group Art Unit :

2818

Confirmation No.:

7204

Examiner

Thinh T. Nguyen

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

February 17, 2005

Michael S. Okamoto, Reg. No. 47,831

## TRANSMITTAL LETTER

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85 (in duplicate).
- (X) A check in the amount of \$1,709 to cover the issue fee, publication fee, and advanced order of three (3) copies is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

Michael S. Okamoto Registration No. 47,831 Attorney of Record Customer No. 20,995 (310) 551-3450

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